FOR TOTAL	CLAIMS	CLAIMS AS	(Column 1)		Column 2)	SMAL	I EN	refer		OTHER	THAN I
FOR TOTAL	CHARGEAB		8								
TOTAL						RA	ſΕ	FEE		RATE	FEE
			NUMBER FILE	D N	NUMBER EXTRA	BASK	BASIC FEE 370.0		OR	BASIC FEE	740.00
INDEPE		LE CLAIMS	& minus a	20= •		XS	X\$ 9=		OR	X\$18=	
	ENDENT CLA	AIMS	3 minus	3 =		X4	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRE			ESENT			+140=			ОЯ	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	740.
CLAIMS AS AMENDED - PART II Column 1) (Column 2) (Column 3)							ALL I	ENTITY	QR .	OTHER SMALL E	
4		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R PRESENT SLY EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FER
AMENDMENT	al	· 10_	Minus **	.20	· Ø	X\$	9=		OR	X\$18=	
Ind	dependent	· 3	10	-3	• (1)	X4	2=		OR	X84£	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 7							40=		OR	A280=	
1/13/6 (Column 1) (Column 2) (Column 3)							OYAL I. FEE		OP	TOTAL ADDIT. FEE	
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R PRESENT ISLY EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q To	otal	. 9	Minus +	-2	0.0	X	9=		OR	X\$18=	0
	dependent	• 3	Minus	 3	. 3	×	12=	7	OR	X84=	400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=/	1	OR	+280=	0
							TOTAL T. FEE		OR	TOTAL	
× = -2											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PAID FO	ER PRESENT USLY EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ĭ Ģ T₀	otal	•	Minus 4	**	3	X	9=		OR	X\$18=	
NE IN	dependent	•		***	•	×	42=		OR	X84=	
FI	RST PRESE	NTATION OF M	NULTIPLE DEPE	NDENT	CLAIM	1 1	40=		OR		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE	